

VII. Open Adoptions for Children in Care

A. Programs

- Child Welfare Mediation Programs
- Permanent Resource Families; Shared Parenting

Child Welfare Mediation Programs

What is it?

Mediation programs are used to engage families in decisionmaking about their children and themselves. There are several types of child welfare mediation programs, the court-based child welfare program is used most often in California. This model can be tailored to meet the needs of each court system by either training current members of its family court mediation program or hiring additional, specially trained mediators.

Why do this?

Mediation is a tool that allows families to participate in the decision-making process and thus enhance permanency planning by empowering parents, youth, and family. Mediation can be at virtually every stage of the dependency case, and almost any issue can be mediated, including ongoing contact with family members after adoption.

What goal does this program address?

To engage parents and other family members to resolve issues in a collaborative manner and to resolve issues in a nonadversarial atmosphere rather than in court at a contested hearing.

How can you start this program in your county?

Local courts can contact the mediation program at the Administrative Office of the Courts to get more information about setting up a mediation program from them. Or they can contact other courts that have model programs and request information. Your county can develop or redevelop its own mediation protocols.

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Permanent Resource Families; Shared Parenting

What is it?

Permanent resource families are fully trained and understand that their role is to assist the birth parent in parenting their child. They are duly prepared and licensed for both foster or temporary care and adoption, and they work with the child's birth family toward reunification. The family is also committed to have a relationship with the child and his or her family, no matter what the final permanency decision will be.

Why do this?

To ensure that both the birth family and the resource family are introduced in the beginning stages of the process so they are educated about the process and understand the purpose of the relationship.

What goal does this program address?

Some of the goals of this program are (1) to engage the birth and the resource family in a collaborative and supportive manner from the first contact to establish and maintain a cooperative relationship throughout the process; (2) to ensure that the birth family has as much support to reunify with safely parent their child; and (3) to provide a lifelong connection for the youth and a lifelong support system for the birth parents.

How can you start this program in your county?

This program works well with concurrent planning redesign, curricula has been developed and trainers have come from other states to provide trainings to social worker groups, court system groups, and foster care training workers. By connecting one of the individual listed below, you can get further information on how to begin the training process in your county.

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B. Resources

- Child Welfare Information Gateway: Openness in Adoption
- Tools for Permanency: Child Welfare Mediation
- Child Welfare Information Gateway: Postadoption Contact Agreements Between Birth and Adoptive Families
- Openness in Adoption and Post-Adoption Contact Agreements:
- Openness in Adoption: Fact Sheet
- Robert G. Lewis Biography
 - *What Do You Think?* Newsletters:
 - Shared Parenting: What Is It? (May 2006)
 - Shared Parenting: Where to Begin (June 2006)
 - Shared Parenting: Assessment (Summer 2006)
- Resource Family and Foster Family: How These Types of Caregivers Defined and Used the Concurrent Planning Model
- Sample copy of Post Adoption Contact Agreement



Openness in Adoption

Open, or fully disclosed, adoptions allow adoptive parents, and often the adopted child, to interact directly with birth parents. Open adoption falls at one end of an openness communication continuum that allows family members to interact in ways that feel most comfortable to them. In semi-open or mediated adoptions, information is relayed through a mediator (e.g., an agency caseworker or attorney) rather than through direct contact between the birth and adoptive families. In confidential adoptions, no identifying information is exchanged.

What's Inside:

- Laws regarding open adoption
- Research findings
- Implications for agency policy
- Open adoption for children in foster care
- When openness is not in the child's best interest
- Unresolved issues
- For more information

Confidential
Adoption

Semi-Open/
Mediated Adoption

Fully Disclosed/
Open Adoption



In open adoptions, communication may include letters, e-mails, telephone calls, or visits. The frequency of contact ranges from every few years to several times a month or more, depending on the needs and wishes of all involved. The goals of open adoption are:

- To minimize the child's loss of relationships.
- To maintain and celebrate the adopted child's connections with all the important people in his or her life.
- To allow children to resolve losses with truth, rather than with fantasy.

The recent movement toward open adoption has taken place in the context of larger social change. Birth parents are now empowered to make choices: there is less stigma in raising children alone and greater access to abortion and birth control. Also, the societal movement toward less secrecy and the prizing of diversity, including a variety of family structures, has allowed for a greater acceptance of open adoption.

Laws Regarding Open Adoption

Adoptions have taken place since the beginning of human history. However, until the early 1900s they were generally informal, community-based arrangements. Confidentiality gradually became an integral part of adoption to protect birth parents and adopted children from the stigma surrounding illegitimate births.

In 1851 the Commonwealth of Massachusetts set the legal precedent for severing the relationship between an adopted child and his or her biological parents. In 1917 Minnesota

passed the first State law barring public inspection of adoption records. By 1950, most States had passed legislation sealing adoption records, even from adoptees themselves.

In response to a groundswell of adult adopted persons and birth parents returning to agencies for more information and advocating legislative changes, some States have recently changed their adoption laws. These changes initially involved the creation of mutual consent registries. A mutual consent registry is a central repository where individuals directly involved in adoptions can indicate their willingness to disclose identifying information. Approximately 23 States have some form of mutual consent registry.

Some States also have changed their laws to acknowledge "cooperative adoption," or post-adoption agreements between birth and adoptive parents. These often include some degree of openness. While no State prohibits entering into these types of agreements, they are not legally enforceable in most States. Often they are informal "good faith" agreements between birth and adoptive parents that may or may not be in writing. Even in States where postadoption contracts are enforceable, no law allows for an adoption to be overturned if either birth or adoptive parents fail to follow through on their agreement. Many of the States have also enacted laws allowing an adopted adult to petition the court for access to his or her original birth certificate. These petitions are generally granted with "good cause." A few States have also enacted laws allowing an adopted adult (18 or older) unrestricted access to his or her original birth certificate or agency records. A few other States allow the birth parents to file a consent allowing the release of the birth certificate or a non-consent blocking its release.

For more information on laws relating to cooperative adoptions, access to adoption records, and mutual consent registries, see the legal section of the Child Welfare Information Gateway website (www.childwelfare.gov/systemwide/laws_policies/index.cfm).

Research Findings

Open adoption is a continuing source of controversy. Much of the debate, however, is based on philosophical differences rather than empirical research. In the past, research was difficult because most adoptions were confidential and, thus, “invisible.” Studying open adoptions continues to be a challenge, because no two adoptions are alike and relationships are constantly evolving. However, existing research does indicate the following:¹

Many fears regarding open adoption are based on myths.

- Parties in open (fully disclosed) adoptions are NOT confused about their parenting rights and responsibilities.
- Birth mothers do NOT attempt to “reclaim” their children.
- Children in open (fully disclosed) adoptions are NOT confused about who their parents are. They do understand the different roles of adoptive and birth parents in their lives.
- Differences in adolescent adoptive identity or degree of preoccupation with adoption

are NOT related to the level of openness in the adoption.

- Adoptive openness does NOT appear to influence an adoptee’s self-esteem in any negative way.
- Adoptive parents in open adoptions do NOT feel less in control and, indeed, have a greater sense of permanence in their relationship with their child.
- Open adoption does NOT interfere with adoptive parents’ sense of entitlement or sense that they have the right to parent their adopted child.
- Birth mothers in open and ongoing mediated adoptions do NOT have more problems with grief resolution; indeed, they show better grief resolution than those in closed adoptions. *Researchers did find that birth mothers in time-limited mediated adoptions (where contact stopped) had more difficulty resolving grief at the first interview of the study (when the children were between 4 and 12 years old).*

The level of openness should be decided on a case-by-case basis. There is no one level of adoption openness that best fits all families. Each type of adoption has its own benefits and challenges that should be considered for each particular situation.

Adoption should be viewed as an ongoing process rather than a discrete event. Open adoption is based on relationships and, like all relationships, grows and changes over time. As birth and adoptive families grow and change, the need for communication changes as well. For example, older adopted children may have more questions about their birth family than they had as toddlers. Adoptive and birth parents need to be open to the needs of children as

¹ Research findings are taken from the Minnesota Texas Adoption Research Project, the only longitudinal study to compare open adoption to other types of adoption. A list of publications and research findings from this longitudinal study can be found on the project’s website (<http://fsos.che.umn.edu/mtarp/default.html>).

they get older and gain a sense of ownership over the relationship they have with their birth families.

Factors associated with increased openness:

- The birth and adoptive parents' mutual concern for the child's well being.
- An emergence of friendship or a personally satisfying relationship between the birth and adoptive parents.
- Regular flow of communication between the birth and adoptive families.

Factors associated with decreased openness:

- Parties living far away from each other.
- Major differences in life situations, interests, or values.
- Relatives or friends who discourage contact.
- Change in a birth mother's situation such as marriage or the birth of another child.
- Inability to negotiate a mutually agreed upon comfort zone of contact.
- Adoptive parents feeling that contact is becoming stressful for the child.
- Inability of agency intermediaries to keep up contact to everyone's satisfaction.

Agency staff continue to play a critical role in fully disclosed adoptions. Since the early 1990s, the work of adoption agencies has changed dramatically. More birth mothers are requesting openness. Some adoption agencies have seen an increase in placements since they began offering openness options. In the case of open adoptions, birth mothers, rather than adoptive parents, are often viewed as the agency's primary client; the initial decision making

regarding openness rests in their hands. Agency staff play a critical role in counseling birth and adoptive parents who are contemplating and negotiating these open relationships.

Adoption caseworkers participating in the Minnesota/Texas Adoption Research Project (MTARP), whose agencies moved toward greater openness, reported positive experiences with this change. In order to be effective, professionals working in adoption need to be attuned not only to their own philosophy of adoption, but also to how to work effectively with clients whose personalities and relationship histories vary greatly.

Implications for Agency Policy

Research clearly indicates that no one level of adoption openness is best for everyone. A variety of options should be made available to families. Researchers recommend that agencies present the advantages and disadvantages of openness and help birth parents and adoptive families identify the degree of openness best for them.

The shift toward openness, especially mediated openness where the agency relays information between the birth and adoptive parents, increases the workload on agency staff in an era of shrinking resources and increased demand on social service providers. From a staffing perspective, fully disclosed adoptions may be less costly in the long run than mediated adoptions because there is no need to transfer the information between parties. There will continue to be a

need, however, for postadoption counseling in these adoptions.

Open Adoption for Children in Foster Care

Children in foster care whose goal is adoption are likely to achieve better outcomes by maintaining their existing connections with extended birth family members, siblings, and other adults with whom they have significant attachments.

Systematic research, however, has not been conducted on open adoption of children from foster care. According to *the Adoption and Foster Care Analysis and Reporting System (AFCARS) Report #7* (www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report7.htm), published in August 2002, 82 percent of the children adopted from foster care in fiscal year 2000 were adopted by either their former foster parents (61 percent) or a relative (21 percent). These adoptions are often open either because of a relationship developed between the birth and adoptive parents when the children were in care, or because the children know their birth families, know their addresses and phone numbers, and may contact them whether or not the adoption was intended to be open. Greater use of concurrent planning² and dual licensure³ has contributed to increased numbers of adoptions by foster parents throughout the country and may increase this type of open adoption as well.

² Simultaneously identifying another permanency goal for a child (besides reunification) and documenting efforts so permanency can be achieved quickly for a child should reunification efforts not succeed.

³ Licensing resource families as both foster and adoptive parents. (Some State laws allow for dual licensure or certification. Check your State law to see if dual licensure or certification is practiced in your State).

When Openness Is Not in the Child's Best Interest

In some cases, including the child in a relationship with the birth parents may not be in his or her best interest. This may be true if:

- A birth parent is unable to maintain appropriate relationship boundaries with a child due to mental or emotional illness.
- There has been so much violence directed at a child that any contact with that parent would only result in more trauma for the child.

Even when it is not safe for the child to maintain an open relationship with a birth parent, an extended family member may be able to provide a link to the child's past without causing additional trauma. Confer with an adoption-competent mental health provider, talk to the adoptive family, and use the accompanying pro and con tables for additional assistance in making difficult choices regarding the amount of openness to include in a child's adoption.

Unresolved Issues

The professional adoption community has not yet resolved certain aspects of openness in adoption. State laws and agencies have dealt with these issues in a variety of ways depending on their philosophies and experience. Systematic research has not been conducted or is inconclusive regarding the following issues:

- What is the ongoing impact of open adoption on older children who remember their birth families?
- Is it ethical to use promises of ongoing future contact with their children as an incentive for birth parents to relinquish parental rights?
- Are cooperative adoption agreements legally enforceable?
- What is the definition of “the best interests of the child” in cooperative adoption agreements?
- How should cooperative adoption agreements be modified if parties request a change?
- How are open adoption arrangements working in independent adoptions, where they are negotiated without the involvement of agency personnel?
- How do adopted persons develop identity in open adoptions in a variety of social contexts? (MTARP examined a fairly homogeneous sample of middle class adopters of children from the United States. How might results differ with different ethnic groups or children adopted internationally?)
- **Child Welfare League of America** (www.cwla.org/programs/adoption/cwla_standards.htm)
CWLA's *Standards of Excellence for Adoption Services* provides best practice regarding openness in adoption.
- **Evan B. Donaldson Institute** (www.adoptioninstitute.org/policy/polopen1.html)
Provides outcomes of studies on openness in adoption from 1986 to 1999, research on attitudes toward and trends in postadoption contact, and literature reviews and criticism.
- **Insight: Open Adoption Resources and Support** (www.openadoptioninsight.org/)
Offers resources for professionals, adoptive parents, and birth parents considering open adoption.
- **Minnesota/Texas Adoption Research Project** (<http://fsos.che.umn.edu/mtarp/default.html>).
Provides information on a longitudinal study of openness in adoption since 1985. The most recent wave included a total of 720 individuals: both parents in 190 adoptive families, at least one adopted child in 171 of the families, and 169 birth mothers.
- **Postadoption Contact Agreements Between Birth and Adoptive Families** (www.childwelfare.gov/systemwide/laws_policies/statutes/cooperative.cfm)
Provides adoption statutes for each State, compiled by Child Welfare Information Gateway.

For More Information

Useful Web Sites

- **American Association of Open Adoption Agencies** (www.openadoption.org/)
Helps families find agencies practicing open adoption. Adoptees on their mailing list respond to the question, “What do you wish your adoptive parents had known?”

Useful Books and Articles for Families

Abstracts of these books are available on the Child Welfare Information Gateway database: <http://basis.caliber.com/cwig/ws/chdocs/docs/gateway/SearchForm>

- ***Children of Open Adoption*** by Patricia Martinez Dörner and Kathleen Silber (1997, Independent Adoption Press). The topics in this book include adoption understanding, developing relationships, families with open and closed adoptions, bonding, communication, and sibling issues.
- **“The Effects of Open Adoption on Biological and Adoptive Parents and Children: The Arguments and the Evidence”** by M. Berry in *Child Welfare*, 70 (5), 637-651, 1991.
- ***How to Open an Adoption*** by Patricia Martinez Dörner (1998, R-Squared Press). A book for adoptive parents, birth parents, and adoption professionals on how to open the lines of communication and navigate more inclusive relationships.
- ***Lifegivers: Framing the Birth Parent Experience in Open Adoption*** by James L. Gritter (2000, CWLA Press). This book examines the ways birth parents are marginalized. The author makes the point that adopted children are best served when birth parents and adoptive parents work together to ensure that birth parents remain in children’s lives.
- ***The Open Adoption Experience*** by Lois Ruskai Melina and Sharon Kaplan Roszia (1993, HarperPerennial). This complete guide for adoptive and birth families touches on almost every aspect of an open adoption.
- ***The Spirit of Open Adoption*** by Jim Gritter (1997, CWLA Press). This book takes a realistic look at the joys and pains of open adoption for birth parents, adoptees, and adoptive parents.

- ***What is Open Adoption?*** by Brenda Romanchik (1999, R-Squared Press). Written from the perspective of a birth mother in an open adoption, this pocket guide provides concise information and resources.

Useful Books and Articles for Professionals

- **“Adopted Adolescents’ Preoccupation With Adoption: The Impact on Adoptive Family Relationships”** by Julie K. Kohler, Harold D. Grotevant, and Ruth G. McRoy in *Journal of Marriage and Family*, 64 (February 2002) pp. 93- 104.
- ***Adoptive Families: Longitudinal Outcomes for Adolescents: Final Report to the William T. Grant Foundation*** by Harold D. Grotevant (for grant # 95171495, April 30, 2001). (Available on the MTARP website: <http://fsos.che.umn.edu/mtarp/default.html>.)
- **“Changing Agency Practices Toward Openness in Adoption”** by Susan M. Henney, Steven Onken, Ruth McRoy, and Harold D. Grotevant in *Adoption Quarterly*, Vol. 1 #3, 1998.
- **“The Effects of Open Adoption on Biological and Adoptive Parents and Children: The Arguments and the Evidence”** by M. Berry in *Child Welfare*, 70 (5), 637-651, 1991.
- **“Enforceable Post-Adoption Contact Statutes, Part I: Adoption With Contact”** by Annette Appell (2000, Haworth Press), *Adoption Quarterly*, Vol. 4 #1, 2000.
- **“Foster Care and Adoption: A Look at Open Adoption”** by Amy L. Doherty (1997) in *Journal of Contemporary Legal Issues*, (University of San Diego Law School, 2000).

- **“Openness: A Critical Component of Special Needs Adoption”** by Deborah N. Silverstein and Sharon Kaplan Roszia in *Child Welfare*, Vol. 78, #5, September/October, 1999.
- **“Openness in Adoption and the Level of Child Participation”** by G. Wrobel, S. Ayers-Lopez, H. D. Grotevant, R.G McRoy, and M. Friedrich, in *Child Development*, 67, pp. 2358-2374, 1996.
- ***Openness in Adoption: Exploring Family Connections*** by Harold D. Grotevant and Ruth McRoy (Sage Publications, 1998). Provides a summary of the Time 1 findings from the Minnesota/Texas Adoption Research Project when the adoptees were 4 to 12 years old. (Can be ordered through the MTARP website: <http://fsos.che.umn.edu/mtarp/default.html>.)
- **“What Works in Open Adoption”** by Harold D. Grotevant in *What Works in Child Welfare*, Edited by Miriam P. Kluger, G. Alexander and P. Curtis (CWLA Press, Washington, DC, 2000). Succinct summary of research on open adoption and a table outlining various studies on openness. (Can be ordered through the CWLA: www.cwla.org/pubs/.)

PROS of Each Type of Adoption for the Involved Parties

	CONFIDENTIAL ADOPTIONS	MEDIATED (SEMI-OPEN)	OPEN ADOPTIONS
Birth Parents	<p>No contact between birth and adoptive families. No identifying information is provided.</p> <p>Only nonidentifying information (e.g., height, hair color, medical history, etc.) is provided through a third party (e.g., agency or attorney).</p> <ul style="list-style-type: none"> Provides real choice for birth parents when compared to open adoption. Privacy. Some feel this provides a sense of closure and ability to move on with life. 	<p>Nonidentifying contact is made (via cards, letters, pictures) through a third party (e.g., agency or attorney).</p> <ul style="list-style-type: none"> Allows for some information transfer between birth and adoptive parents (and perhaps the child). Some privacy. 	<p>Direct interaction between birth and adoptive families. Identities are known.</p> <ul style="list-style-type: none"> Increased ability to deal with grief and loss. Comfort in knowing child's well-being. Sense of control over decision-making in placement. Potential for more fully defined role in child's life. Potential to develop a healthy relationship with the child as he or she grows. Less pain and guilt about the decision. May make the decision to place for adoption easier (compared to a contested termination of parental rights trial).
Adoptive Parents	<ul style="list-style-type: none"> No need to physically share the child with birth parents. No danger of birth parent interference or co-parenting. 	<ul style="list-style-type: none"> Greater sense of control over process. Roles may be more clearly defined than in either confidential or open options. Increased sense of entitlement compared to confidential adoptions. 	<ul style="list-style-type: none"> Increased sense of having the "right" to parent and increased ability for confident parenting. Potential for authentic relationship with the birth family. More understanding of children's history. Increased empathy for birth parents. Less fear of birth parents reclaiming child because they know the parent and their wishes. Delight of being "chosen" as a parent.
Adopted Persons	<ul style="list-style-type: none"> Protection from unstable or emotionally disturbed birth parents. 	<p>Only true when relationship is "shared" with the adopted child</p> <ul style="list-style-type: none"> Genetic and birth history known. Birth-parents are "real" not "fantasy." Positive adjustment is promoted in adoptee. 	<ul style="list-style-type: none"> Direct access to birth parents and history. Need to search is eliminated. Identity questions are answered (Who do I look like? Why was I placed?). Eases feelings of abandonment. Lessening of fantasies: birth parents are "real." Increased circle of supportive adults. Increased attachment to adoptive family (especially if the birth parents support the placement). Preservation of connections (e.g., with siblings, relatives). Lessens loyalty conflicts (according to recent research). Exposure to racial and ethnic heritage. Ability for evolving, dynamic, and developmentally appropriate account of the adoption.

CONS of Each Type of Adoption for the Involved Parties

	CONFIDENTIAL ADOPTIONS	MEDIATED (SEMI-OPEN)	OPEN ADOPTIONS
Birth Parents	<p>No contact between birth and adoptive families. No identifying information is provided.</p> <p>Only nonidentifying information (e.g., height, hair color, medical history, etc.) is provided through a third party (e.g., agency or attorney).</p> <ul style="list-style-type: none"> • Less grief resolution due to lack of information about the child's well-being. • May encourage denial of fact that child was born and placed with another family. 	<p>Nonidentifying contact is made (via cards, letters, pictures) through a third party (e.g., agency or attorney).</p> <ul style="list-style-type: none"> • Loss of potential for direct relationship with adoptive family (and/or child). • Increased grief in the initial years, less later. • Loss of contact if intermediary changes or leaves (i.e., staff turnover, policy changes, or agency closings). • Birth mother may feel obligated to place child due to the emotional or financial support given by the prospective adoptive parents. 	<p>Direct interaction between birth and adoptive families. Identities are known.</p> <ul style="list-style-type: none"> • Full responsibility for setting relationship limits and boundaries. • Potential abuse of trust (fewer safeguards). • Potential disappointment if adoptive family cannot meet all expectations or needs. • Birth mother may feel obligated to place child due to the emotional or financial support given by the prospective adoptive parents.
Adoptive Parents	<ul style="list-style-type: none"> • Allows for denial of "adopted family" or fertility status. • Increased fear, less empathy for birth parents. • No access to additional medical information about birth family. • Less control: agency controls information. 	<ul style="list-style-type: none"> • Loss of the full relationship with the birth parents. • Lack of ability to have questions answered immediately. • Potentially troubling cards, letters, or pictures. 	<ul style="list-style-type: none"> • Full responsibility for setting relationship limits and boundaries. • Potential pressure: accept openness or no child. • Potential difficulty with emotionally disturbed birth parents. • Potential for supporting both child and birth parents (emotionally).
Adopted Persons	<ul style="list-style-type: none"> • Possible adolescent identity confusion (unable to compare physical and emotional traits to their birth families). • Limited access to information that others take for granted. • Potential preoccupation with adoption issues. 	<ul style="list-style-type: none"> • Similar to confidential adoptions, if information not shared with the adoptee. • Potential perception that it is unsafe to interact with birth family directly. 	<ul style="list-style-type: none"> • No clean break for assimilation into family, which some feel is necessary. • Potential feelings of rejection if contact stops. • Difficulty explaining the relationship to peers. • Potential for playing families against each other.

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Tools for Permanency

Tool # 3: Child Welfare Mediation

The National Resource Center for Foster Care & Permanency Planning at the Hunter College School of Social Work of the City University of New York is committed to the pursuit of excellence in child welfare service delivery. As a Center dedicated to action and change, our work focuses on building the capacity of child welfare agencies to meet the needs of children at risk of removal from their families and those already placed in out-of-home care. Our "Tools for Permanency" aim to promote family-centered and collaborative approaches to achieving safety, timely permanency and the overall well-being of children and families within the child welfare system.

Child Welfare Mediation...What is it?

Mediation is a newly emerging tool that child welfare practitioners may use to engage families in decision making about their children and themselves. Mediation can enhance permanency planning by reducing the parents' sense of alienation and helplessness and empowering parents by involving them in planning their children's futures.

The term mediation is used almost interchangeably with several other terms: alternate dispute resolution (ADR), collaborative negotiations, conflict resolution, and conflict intervention strategies. In family matters, mediation is best known for its use in divorce and custody disputes, and mediation has been used in many other areas such as landlord-tenant disputes, labor disputes, and to reduce violence among teen gang members. During the last decade, techniques of mediation have also been applied to child protection and child welfare situations.

Mayer defines child welfare mediation as an approach to resolving disputes in which the various parties attempt to resolve their differences through a bargaining procedure that is not adversarial in nature. Through mediation, parties engage in a mutual effort to discover solutions that will maximize the degree to which everyone's interests are met, rather than attempting to obtain their objectives by promoting their own positions, rebutting others' arguments, and threatening to bring their power to bear on each other (Mayer, 1985).

The process of mediation involves the participation of a third-party neutral (usually called a mediator) who has no decision making power and no stake in the outcome of the negotiations. The mediator guides participants into a constructive problem-solving mode and helps them to frame their proposals, consider their options, and approach other parties in a constructive manner. The mediator oversees the process of negotiations but does not advocate a particular solution (Mayer, 1985).

How is mediation used in child welfare?

Child welfare mediation is frequently used in court-based child protection proceedings. In addition, social-service based child welfare mediation is being used in the development of permanency plans for children, including cooperative adoption (Etter, 1993). Many practitioners also advocate using mediation techniques:

- to assist the CPS worker and the parent in developing treatment/service plans
- to work out disputes over supervision, placement, parental visitation, family reunification, and other permanent plans for the child
- to resolve conflicts among parents, relatives, and other extended family members concerning intra-familial cooperation among them and child welfare authorities, and
- to resolve conflicts among foster care providers and children's court-appointed advocates concerning the needs of children while they are in placement (Davidson, 1997).

Social-Service Based Child Welfare Mediation

Perhaps the most established and successful social-service based child welfare mediation program in the U.S. is being offered in Oregon. Oregon has been using mediation in child welfare cases as a permanency tool since 1992. Their mediation program originates from the State of Oregon's Children's Services Division, and it has been developed in conjunction with a private-sector mediation program called Teamwork for Children. Oregon has primarily used child welfare mediation as an alternative to contested termination of parental rights (TPR) cases and as a means of developing cooperative adoption plans (Etter & Roberts, 1996).

Oregon's Cooperative Adoption Mediation Project (CAMP)

In 1992, Oregon's Children's Services Division (CSD) was looking for a way to involve parents in forming permanent plans for children in cases where the prognosis for reunification with biological parents was poor. CSD identified specialized child welfare mediation as a way to form cooperative relationships and avoid court terminations of parental rights. In conjunction with Teamwork for Children, Oregon began a two-year pilot project involving 36 cases, and called it the "Cooperative Adoption Mediation Project" or CAMP (Etter & Roberts, 1996).

The aims of the CAMP pilot were to:

- empower parents to make cooperative permanent plans for their children
- reduce the necessity for termination of parental rights litigation and the expenditure of state dollars, and
- reduce the time children spend in foster care awaiting permanent homes (Etter & Roberts, 1996).

CAMP mediation took place in two phases. *Phase One* was mediation between the parent and the agency. Families were interviewed by CSD and asked if they were interested in participating in the CAMP program. If they were interested, the mediator contacted the parents' lawyer and asked permission to meet with the parent. At the initial meeting, the mediator talked with the parent about the mediation process and its voluntary nature. Parents were assured they could end mediation at any time without information from the sessions being used in a trial. Parents were helped to recognize that their children needed permanent homes. Several sessions could be held to be sure that the parent understood and was comfortable with the process and was ready to proceed to *Phase Two* (Etter & Roberts, 1996).

In *Phase Two*, if the plan was not "return home," potential adoptive parents were engaged in a discussion about their willingness to work cooperatively with the birth parent(s). If all agreed, joint mediation sessions were held with prospective adoptive parents and the birth parents. The focus of the sessions was to build relationships between birth and adoptive parents in order to meet the child's need for connection with relatives, rather than a focus on negotiating a settlement between adversaries. When all participants felt ready, the mediator solidified a

simple, written post-adoption communication agreement which formed the basis for a cooperative adoption with ongoing communication between birth and adoptive parents (Etter & Roberts, 1996).

Permanency mediation was particularly effective with parents in prison, in drug treatment programs, parents with legal problems, and parents with mental disabilities. The shuttle mediation format allowed for extensive individualized work, meeting the parents on their own ground. No birth parents to date have violated the terms of their cooperative agreements. Only 2% of the children have come back into the system since the project began in 1992, over 400 cases later (Jeanne Etter, Director, Teamwork for Children, interview, February 20, 1998). Parent Empowerment Process workbooks (Etter, 1997) were used advantageously to address critical issues; these workbooks were especially effective in moving parents from resistance to positive planning for their children's futures, often resulting in cooperative adoptions.

Results of the Oregon CAMP Pilot

Of the 36 CAMP cases entering mediation, 31 cases (86%) were resolved cooperatively and avoided contested trials. Of the five cases that were unresolved: two clients withdrew from mediation, the attorney terminated mediation in two cases, and CSD terminated the mediation in one case. Of the 31 cases resolved by mediation, permanent cooperative plans for the children included:

- Cooperative adoptions - 90% (28 cases)
- Return home plans - 7% (2 cases)
- Long-term foster care - 3% (1 case)

The CAMP pilot demonstrated sizeable cost savings: the average contested TPR trial costs \$22,000. The average CAMP mediation cost \$3,500. Further, the CAMP pilot freed and placed children for adoption quickly. The average time between referral to mediation and being freed for adoption was 3.7 months. The average time from referral to adoptive placement was 5 months (Etter & Roberts, 1996).

Oregon has continued to expand its use of specialized child welfare mediation since the successful completion of the CAMP project. In addition, Idaho replicated the CAMP project two years later, found the program quite successful, and is working to continue funding for mediation prior to TPR trials. A number of other states are piloting similar projects using the social-services based mediation model to achieve cooperative permanency plans for children in foster care (Jeanne Etter, Director, Teamwork for Children, interview, February 20, 1998).

Court-Based Mediation in Child Protection Proceedings

Court-based child protection mediation was developed in response to growing demands on the juvenile court. Formal mediation in child abuse/neglect cases was first used in the Los Angeles County Dependency Court in 1983. Connecticut courts followed a year later. In 1987, Orange County, California implemented a mediation service within its juvenile court (Center for Policy Research, 1992), in 1994 the state of Florida began a court-based child protection mediation program (Firestone, 1996) and many other localities around the country are implementing or planning to implement child protection mediation projects (Firestone, 1997). Child protection mediation programs are also developing in other countries, especially Canada (Maresca, 1995).

Child protection mediation is somewhat controversial

Although mediation in child protection cases is in keeping with the historically non-adversarial nature of juvenile court, it remains a somewhat controversial practice. Those opposed to using mediation in child protection cases raise the following concerns:

- the mediation process cannot simultaneously develop compromises and protect children
- parents cannot fully participate in the negotiations
- protection of parental rights is not ensured, and
- most issues in child maltreatment are not negotiable present (Center for Policy Research, 1992).

Those in favor of using mediation in child protection cases counter that:

- Mediation can protect children – In every system, most child protection cases are resolved without resorting to a contested hearing. Mediation simply formalizes the process, moving it from hallway exchanges between a few parties to sessions with all relevant parties present.
- Parents are not at a disadvantage in mediation – The parent's attorney will be present during the mediation. Mediators can help the less powerful party by giving this person an opportunity to speak, rephrasing points, or stopping exchanges that are angry and unproductive.
- Parents are more likely to be involved in mediation than in other negotiating forums – It offers a chance to explain to the parents, sometimes for the first time, what is transpiring and what they will need to do to have their children returned home (Center for Policy Research, 1992).

Some issues are suitable for negotiation in child protection cases...and some are not

Davidson (1997) suggests that there is consensus among those opposed to and those in favor of child protection mediation that some issues are not suitable for mediation. Whether a child actually was or was not abused or neglected is not negotiable. Whether to remove children from the home who have been severely injured or who are at risk of serious harm is rarely appropriate for negotiation. However, he also suggests that numerous other child protection decisions usually are negotiable, such as:

- the plan for where the children will be placed
- the scope of agency involvement with the family when children are not removed from their homes
- the contacts parents, children and siblings will have during placement
- the treatment interventions that will be used to address the alleged parental behaviors
- the therapeutic services children will receive
- the actions by parents that will be a precondition to a child's return from placement
- the permanent plan that will be followed when the case is closed (Davidson, 1997).

A closer look at one court-based child protection mediation program

Although the states that are currently using court-based child protection mediation have differences, they also are similar. We thought it would be helpful to take a closer look at one state program to illustrate how, in practice, a court-based child protection mediation program works. We decided to highlight Connecticut's Case Status Conference. (This does not mean that Connecticut's program is any better than the other programs, this was a random selection for purposes of illustration only.)

Connecticut's Child Protection Mediation Process: the Case Status Conference

Connecticut defines its Case Status Conference as a judicially sanctioned process which utilizes mediation techniques to provide a formalized vehicle whereby all parties involved in litigation have a neutral forum in which to discuss both the social services and legal issues that affect the case. The outcome is the formulation of a written plan which details the agreement that was reached. The agreement is then presented to the court for the judge's final approval (Giovannucci, 1994).

Goals of Connecticut's Case Status Conference:

- to provide an alternative to time consuming litigation
- to promote settlements with input of all parties
- to develop plans which safeguard well being of the children

- to empower parents to participate in the court process
- to develop plans which are judicially sound, and
- to protect legal rights and interests of all involved (Giovannucci, 1994)

How do the Case Status Conferences proceed?

The Case Status Conferences take about one hour, and subsequent conferences may be held. The Conference has several stages, and the mediator (in Connecticut, the mediator is called the Court Services Officer or CSO) must move participants through each stage:

- understanding the problem
- understanding the legalities
- reconfirming the legal situation
- understanding the social service needs, and
- summarizing the agreements.

The parameters of confidentiality which must be adhered to during the mediation are defined and agreed to by all participants at the start of the session (Giovannucci, 1994).

Participants in the Case Status Conference

In addition to the CSO, there are nine other possible participants:

1. Social worker from the Division of Children & Youth Services (DCYS)
2. Assistant Attorney General (AAG). The AAG represents DCYS
3. Attorney for parent(s)
4. Attorney for child
5. Parent(s) or legal guardian(s)
6. Child(ren)
7. Guardian ad litem (GAL) for child
8. GAL for parent(s)
9. Children-in-Placement/CASA monitor (Shaw & Phear, 1991)

Who calls for a Case Status Conference?

The judge can direct parties to meet in a Case Status Conference; or the conference may be held at the request of Child Protective Services, any party or counsel for any party to the case, or at the request of the CSO (Giovannucci, 1994).

Case management benefits

Case Status Conference procedures have case management benefits: a timetable is agreed upon by all parties and the court is presented with a well-thought-out agreement, or at minimum, a clearly developed case (Shaw & Phear, 1991). For those cases that do not result in mediated agreement — the process helps identify and narrow issues that will be taken up at trial. For example, issues which might have resulted in the filing of numerous pre-trial motions are often avoided by the agreed upon exchange of information. In addition, the CSO is able to schedule trials in a more timely manner with adequate time set aside to hear the case in its entirety (Giovannucci, 1994).

Summary

Several studies have shown that provided safeguards are built in (such as: correcting for possible imbalances of power), mediation in child welfare and child protection cases offers improvement over traditional child welfare practice and traditional litigation of child maltreatment cases:

- In 1994, Oregon's CAMP pilot was independently evaluated by the Oregon Council on Crime and Delinquency and they concluded that using child welfare mediators is a cost-effective means for freeing children for adoption who cannot return home. Savings were found in the areas of reduced foster care and court costs, overhead, and caseworker time, as well as reduced emotional trauma for children and families (Etter & Roberts, 1996).
- In 1995, the Denver-based Center for Policy Research did a study of five California Dependency Courts using mediation in child protection proceedings. The Center found that:
 - mediation was effective in producing settlements
 - ◆ mediated plans were more detailed and creative than litigated plans and often allowed more parental visitation than comparable adjudicated plans
 - ◆ mediation reduced the need for full trials and helped avoid repeated hearings on the same case
 - ◆ children in the mediation group spent less time in out-of-home placements, and those children who remained in placement were more likely to be placed in relative foster care
 - ◆ mediation was most useful when it maximized parental involvement
 - ◆ the majority of professionals who took part in mediation were satisfied with the process parents were very satisfied with their mediation experiences – they felt “heard” in mediation.

Further, in comparing mediated plans to non-mediated plans, the Center found that the families were more likely to receive multiple services, especially counseling, through a mediated agreement (Thoennes & Pearson, Nov.1995).

Child Welfare Mediation, along with Family Group Decision Making and Concurrent Permanency Planning, is a tool to respectfully engage families in decision making about their children and themselves.

Written by: Alice Boles Ott

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Compiled by: Alice Boles Ott

We'd like to help you get started!

Services available from the National Resource Center for Foster Care & Permanency Planning (NRCFCPP) include:

- Information Services – We can connect you with child welfare agencies around the country that are now considering or implementing innovative program models. Reading materials and bibliographies are also available.
- Training Technical Assistance – The NRCFCPP can provide consultation and/or training as you consider or plan for a new initiative. We can arrange to meet with you for a brief consultation, we can make an informational presentation at your agency or in your community, or we can work with you to develop a comprehensive in-service training program at the local or state-wide level for casework, supervisory, managerial and/or training staff, as well as attorneys and judges.

If you are interested in working with the NRCFCPP, you can start with a phone call, a brief letter or an e-mail message. Let us know what you're thinking about doing, and we'll work with you to plan the kind of help you'll need to get your project up and running. We can help you figure out how intensive your training program should be, and what costs might be involved for your agency. [Note: The NRCFCPP is funded by DHHS/ACYF/Children's Bureau. If yours is a public child welfare agency, you may be eligible for free training and/or technical assistance approved by your regional office of the Administration for Children, Youth and Families.]

Materials Available from NRCFCPP

Tools for Permanency

- Concurrent Permanency Planning – an approach to permanency planning which works toward reunification while exploring other options for the child, simultaneously rather than sequentially.
- Family Group Decision Making – outlines two models for early inclusion of a child's immediate and extended family in permanency planning decision making.
- Child Welfare Mediation – a newly emerging tool to engage families in decision making in a non-adversarial manner.
- Relative Care Options – explores the challenges involved in foster parenting by members of the child's extended family. (not yet available)

Legislative Summaries

- Adoption and Safe Families Act of 1997 (Public Law 105-89)
- Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272)
- Personal Responsibility & Work Opportunity Reconciliation Act (Public Law 104-193)
- Child Abuse Prevention and Treatment Act (Public Law 104-235)

For more information, contact us at:

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Revised 9/30/98



Postadoption Contact Agreements Between Birth and Adoptive Families

Postadoption contact agreements, sometimes referred to as cooperative adoption or open adoption agreements, are arrangements that allow some kind of contact between a child's adoptive family and members of the child's birth family after the child's adoption has been finalized. These arrangements can range from informal, mutual understandings between the birth and adoptive families to written, formal contracts.

Agreements for postadoption contact or communication have become more prevalent in recent years, due to several factors:

- There is wider recognition of the rights of birth parents to make choices for their children.

Electronic copies of this publication may be downloaded at www.childwelfare.gov/systemwide/laws_policies/statutes/cooperative.cfm

To find statute information for a particular State, go to www.childwelfare.gov/systemwide/laws_policies/search/index.cfm

To find information on all the States and territories, order a copy of the full-length PDF by calling 800.394.3366 or 703.385.7565, or download it at www.childwelfare.gov/systemwide/laws_policies/statutes/cooperativeall.pdf



States With Enforceable Contract Agreements

- Many adoptions involve older children, such as stepchildren and children adopted from foster care; these children frequently have attachments to one or more birth relatives with whom ongoing contact may be desirable and beneficial.
- Contact or communication with birth relatives can be a resource to adoptive parents for information about their child's medical, social, and cultural history.¹

In general, State law does not prohibit postadoption contact or communication. Since adoptive parents have the right to decide who may have contact with their adopted child, they can allow any amount of contact with birth family members, and such contacts often are arranged by mutual understanding without any formal agreement.

A written contractual agreement between the parties to an adoption can clarify the type and frequency of the contact or communication and can provide a mechanism for enforcement of the agreement. Approximately 22 States currently have statutes that allow written and enforceable contact agreements.² The written agreements specify the type and frequency of contact and are signed by the parties to an adoption prior to finalization.³

The modes of contact can range from an exchange of information about the child between adoptive and birth parents; to the exchange of cards, letters, and photos; to personal visits with the child by birth family members.

¹ For more information on the issue of postadoption contact, see the Information Gateway publications *Openness in Adoption: A Bulletin for Professionals*, available online at www.childwelfare.gov/pubs/f_openadoptbulletin.cfm and *Openness in Adoption: A Factsheet for Families*, at www.childwelfare.gov/pubs/f_openadopt.cfm.

² The word *approximately* is used to stress the fact that States frequently amend their laws; this information is current only through December 2005. The States that permit enforceable contracts include Arizona, California, Connecticut, Florida, Indiana (for children over age 2), Louisiana, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, Oklahoma, Oregon, Rhode Island, Texas, Vermont (stepparent adoptions only), Washington, and West Virginia.

³ The phrase "parties to an adoption" generally refers to the birth parents (or other person placing the child for adoption) and the adoptive parents.

Who May Be a Party to an Agreement?

In most States that permit enforceable agreements, an agreement for adoption with contact can be permitted for any adoptive child as long as the type and frequency of contact is deemed to be in the child's best interests and is designed to protect the safety of the child and all the parties to the agreement. Connecticut and Nebraska limit the application of agreements to children who have been adopted while in foster care. Indiana limits enforceable contact agreements to children ages 2 and older. For children under age 2, nonenforceable agreements are permitted as long as the type of contact does not include visitation.

Most statutes permit postadoption contact or communication for birth parents. Some States also allow other birth relatives who have significant emotional ties to the child to be included in the agreement, including grandparents, aunts, uncles, or siblings. Minnesota permits foster parents to petition for contact privileges. In California, Minnesota, and Oklahoma, when the case involves an Indian child, members of the child's tribe are included among the eligible birth relatives. California, Florida, Indiana, Louisiana, and Maryland have provisions for sibling participation in an agreement.

The Court's Role in Establishing or Enforcing Agreements

For the agreements to be enforceable, they must be approved by the court that has jurisdiction over the adoption. All parties wishing to be included in the agreements must agree in writing to all terms of the agreement prior to the adoption finalization. The court may approve the agreement only if all parties, including a child over the age of 12, agree on its provisions, and the court finds the agreement is in the best interests of the child.

Disputes over compliance and requests for modification of the terms must also be brought before the court. Any party to the agreement may petition the court to modify, order compliance with, or void the agreement. The court may do so only if the parties agree or circumstances have changed, and the action is determined to be in the best interests of the child.

When Are States Using Mediation?

Nine States require the parties to participate in mediation before petitions for enforcement or modification of an agreement are brought before the court.⁴ In no case can disputes over the postadoption agreement be used as grounds for setting aside an adoption or relinquishment of parental rights. In Florida and Maryland, the court, at its discretion, may refer the parties to mediation. Any party seeking to enforce an agreement may voluntarily choose mediation in Massachusetts.

Laws in States Without Enforceable Agreements

In most States without enforceable agreements, the statutes are silent about the issue of postadoption contact or communication. Approximately eight other States address the issue but do not provide for enforceable agreements. For example, Alaska's statute states that contact agreements are not prohibited. In Vermont, agreements for contact are enforceable only in cases involving stepparent adoptions. North Carolina also permits agreements by mutual consent, but specifies that they are not enforceable, and failure to comply is not grounds to invalidate consent to the adoption. Ohio, South Carolina, and South Dakota specifically state that mutual agreements for contact are nonbinding and nonenforceable. Missouri and Tennessee leave decisions about contact and visitation with birth relatives to the sole discretion of the adoptive parents.

This publication is a product of the State Statutes Series prepared by Child Welfare Information Gateway. While every attempt has been made to be complete, additional information on these topics may be in other sections of a State's code as well as in agency regulations, case law, and informal practices and procedures.

⁴ Arizona, California, Connecticut, Louisiana, Minnesota, New Hampshire, Oklahoma, Oregon, and Texas.

Thursday, Aug. 24, 2006

Openness in Adoption: Fact Sheet

Open, or fully disclosed, adoptions allow adoptive parents, and often the adopted child, to interact directly with birth parents. Family members interact in ways that feel most comfortable to them. Communication may include letters, e-mails, telephone calls, or visits. The frequency of contact is negotiated and can range from every few years to several times a month or more. Contact often changes as a child grows and has more questions about his or her adoption or as families' needs change. It is important to note that even in an open adoption, the legal relationship between a birth parent and child is severed. The adoptive parents are the *legal* parents of an adopted child.

The goals of open adoption are:

- To minimize the child's loss of relationships.
- To maintain and celebrate the adopted child's connections with all the important people in his or her life.
- To allow the child to resolve losses with truth, rather than the fantasy adopted children often create when no information or contact with their birth family is available.

Is Open Adoption Right for Your Family?

Open adoption is just one of several openness options available to families, ranging from confidential, to semi-open (or mediated), to fully open adoption. In semi-open or mediated adoptions, contact between birth and adoptive families is made through a mediator (e.g., an agency caseworker or attorney) rather than directly. In confidential adoptions no contact takes place and no identifying information is exchanged.

Making an open adoption work requires flexibility and a commitment to ongoing relationships, despite their ups and downs. While this type of adoption is not right for every family, open adoption can work well if everyone wants it and if there is good communication, flexibility, commitment to the process, respect for all parties involved, and commitment to the child's needs above all.

What Questions Should Your Family Consider in Open Adoption

In open adoptions, families need to consider *when* and *how much* to tell a child about his or her birth family, and then *if* and *how* to involve him or her in that relationship. An

adoption professional can help you address some of these issues. Some of the questions you may want to consider include:

- At what age should a child be included in contact with his or her birth family?
- What happens if one party decides to break off all contact?
- What will the birth parents' role be in the child's life?
- How will your child explain his or her relationship with birth relatives to his or her peers?
- How will you handle other adopted siblings who have different levels of openness in their adoptions?

From the National Adoption Information Clearinghouse (U.S. Department of Health & Human Services)

ROBERT G. LEWIS

Program Consultation and Training on Resource Families

As a consultant/trainer, I work on several levels that will be useful to you in enhancing your “resource family” program(s). As a strategic thinker I help to re-examine programs in a framework of permanence as well as family support and retention.. I work in consultation with middle managers and supervisors to develop themselves and their workers in these same areas. And I work with all staff as a consultant/trainer to improve their skills.. First and finally I work with individual families and youth both to assess their particular challenges and opportunities and to model the work that staff can be trained to do.

Beginning with your families, the best recruitment and retention strategy is support for families. Effective supports include responsiveness, engagement and training. As the executive director of an adoption agency for older children, I worked on these areas for many years. Since then, a wide variety of consulting, training and public speaking has enhanced and developed my understanding and skills. Both parents and youth are very interested in information on the links among behavior, loss and adolescent development. The connections within and among families are crucial as well. I work on recruitment as well, but recommend work on support first. What enhancement to your program’s family support services might be most useful for your families?

I work with management staff at every level to review their programs. We look at staff deployment, training, and support along with the program’s accessibility from the outside and the inside. Since every agency and often every program develops its own culture and pattern of practice, it is helpful to look at each program with a specific goal, such as permanence enhancement, shared parenting, family support, etc. in mind. What will it take for your program?

Managers complain that “My staff don’t know how to talk with teens.” This is an area where I work intensively with staff on engagement skills, adolescents development issues, family support and communication, as well as family groupwork. By doing specific case consultation and direct work with families and young people, I identify the most pressing needs for staff development and model effective engagement and the use of the concepts underscored in training.. What are your staff’s most pressing needs?

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Exploring and developing our promise of a permanent family for every child.

WHAT DO YOU THINK? ABOUT SHARED PARENTING

MAY 2006 VOLUME 5 ISSUE II

TOPIC: Shared Parenting: What is it?

IDEAS: You can make it happen. Simply, shared parenting is several adults taking responsibility for child(ren). The definition that is becoming codified refers to the court's recognition of separated parents sharing fully in raising their children. It is also multiple adults providing a wide range of care for children as a personal commitment. And it is children involuntarily removed from their homes, being parented by strangers, agencies, governments. Shared parenting refers to the recognition by individuals and society of two or more adults taking responsibility for children, regardless of blood relationships. Shared parenting is doing it on purpose, regardless of the accidents of birth or family status.

DISCUSSION: Shared parenting is getting past decrying the evils of divorce and working to mitigate the effects of separation on the children affected by it. Going from broken families to shared parenting is turning it around to the child's point of view. Regardless of how the family "broke", both parents remain a real influence in a child's development. We know this well from our experience of adoption where the birth parents are so completely removed (from the adults and legal point of view). Yet they remain a part of a child's life and psyche. Shared Parenting recognizes that a child needs all their parents; they need them when they need them, not just on schedule. It is two parents, parenting fully, each 100% responsible, each recognizing that the other is also 100% responsible. It has negotiated rules and it has to be flexible.

Perhaps we can think of shared parenting as more constructed than extended family. Extended family conjures a Norman Rockwell image of family members in one neighborhood or town. Even "village" suggests an in accessible past experience not available to today's children and families. The nationally or internationally mobile families around us construct family connections through purchased parenting, friends, unrelated neighbors and children's friends and activities. It is adults who care what happens to children and stay involved, even when things are challenging or uncomfortable. Child – adult (undrelated) connections today sometimes start with suspicion from primary caregivers. Jealousy of affections are a challenge. But our best working, constructed families are flexible and fully engaged.

In many ways our child welfare systems are fragmented shared parenting. But parenting is shared. Foster or adoptive parents who begin as strangers have a lot of catch up to do. They are always sharing even when they don't want to. And the more they can learn to connect with birth parents early and often, the more whole the experience for the child(ren). Birth parents are always part of a child's life. Shared parenting requires flexibility, and 100% commitment. Agencies and governments by their natures are not as flexible or even as fully engaged as families. Shared parenting inevitably works with an evolving, flexible set of agreed upon rules and practices. The challenge for us in the system is establishing just such practices to make it possible for the families we engage to be able to share. It is what children expect and have been devastated without.

WHAT DO YOU THINK?



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Linking safety & permanence in a shared vision for every child.

WHAT DO YOU THINK? ABOUT SHARED PARENTING

JUNE 2006

VOLUME 5

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TOPIC: SHARED PARENTING: WHERE TO BEGIN?

IDEAS: How do we get to sharing? The hesitation about shared parenting in child welfare is about getting from a forced, involuntary, usually hostile environment to a place of cooperation without compromising safety. Beginning where we do with issues of addictions, violence, neglect and behavior problems, constructive, cooperative parenting can seem hopeless, leaving us feeling helpless. Overcoming those odds and getting from crisis to collaboration requires some basics. Cooperative parenting is a process with specific goals of safety, permanence and healthy child development. In this process the child(ren)'s point of view is at the center of our focus. And the process has certain principles, rules and procedures that shape this work.

DISCUSSION: Although children's safety, permanence and healthy development are the goals, they are always just *getting there*. It's a process. A child is never "safe, once and for all"; likewise permanence and well-being. Holding, shaping and envisioning the idea of where we're going is essential to the process of collaboration among the adults who care for children. Our job is finding, strengthening and supporting a natural helping network that will hold this process. We have seen it done: the *incredible* foster-birth-adoptive families who have worked out a wonderful relationship of cooperation and sharing. It is just such a possibility that we need to envision together as we begin. We do not get there without the belief and vision of the possibility of true collaboration. It is challenging work, to see beyond the tragedy of the current to the goal of effective shared parenting. When child protection gets involved whether in an investigation or a removal, we professionals take family executive power. Cooperation is about sharing. How are we going to share? Obviously if families must "have it all together" before the collaboration process can begin, we will never get there. To get started, we can focus on strengths we find, the agreements we can achieve, and on the adults' desire to be successful at parenting.

The child's point of view is more than just what a child needs, more than what s/he wants. What do children experience with our involvement? What's it like for them? Is it *The folks from the county/city/state came in and started hurting my family*? Going to "Ms. Wilson-Jones from church" because my family has a problem is very different from being taken to a stranger's home (regardless of how kindly). We need to integrate what a child needs along with their experience of what's happening. Always come back to the child's point of view. In the words of Melissa Thomas step parent article in Newsweek "...we all feel those complications in our relationships. Love'em one day, despise them the next. Success in a [shared parent family] is accepting that the complications are on the surface." If protective service is to be truly protective, our interventions have to be as child focused as possible. We know from the literature that "shared parenting" is better for children of divorce. It's a simple, enormous leap to the children in our care as well.

We need to begin working on shared parenting wherever we meet the child in the process (from prevention to aftercare). It's never too late, certainly not too early. So let's use the structure already built and proven in Shared Parenting. It is a process outlined by Edward Kruk in the Journal of Family Therapy. Although he disagrees with its applicability to child welfare families, his structure is useable. He makes it a 5 step (not just linear) model of Assessment, Education, Advocacy, Facilitation of negotiations and Continuing support & trouble shooting. We know how to do this, despite how challenging. We just need to begin.

WHAT DO YOU THINK?

In responding to your question about shared parenting: Where to begin is very challenging to say the least however, it is essential for all team players to thoroughly and therapeutically understand their respective role. It is like a divorce couple the relationship has to be positive in order to share in the role of effective parenting. Moreover, it is most important that the child receive that both parents are equally on the same footage with being visible in their life and also is responsible for their well being.

Please bear in mind Bob that this is to be considered on a case by case basis and that there will be some challenges with regards to roles and boundaries. There have to be clear distinctive boundaries for both sides. This will of course promote and maintain a healthy working relationship.

I hope my comments will be found helpful in compiling and developing a comprehensive training Manual for staff, foster parents and bio-parents. MK, NYC

good issue...enjoyed reading it. PP, Boston

Bob- What do you mean by “ the child’s point of view,” in conjunction with cooperative parenting? During many of the meetings that I have attended, the birth parent expresses that they may not want the child to return home for many different reasons-lack of physical space, fear of continued “bad” behavior patterns, interference with current life situations or plain inability. Many familial and non-familial resources decline responsibility or often change their minds about previous offers of assistance. Sometimes the kids want to return home and sometimes the kids do not want to return home.

Also, we are now learning that the brains of teenagers, especially males, undergo profound changes that may cause poor judgment decisions or immature and inappropriate reactions to events. Wouldn’t this affect the “child’s point of view?” HN, NYC



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WHAT DO YOU THINK? ABOUT SHARED PARENTING

SUMMER 2006 VOLUME 5 ISSUE 4

TOPIC: SHARED PARENTING: ASSESSMENT

IDEAS: Shared parenting is a vessel that holds the process of raising children together. It is the eyes, ears and hands of safety; the personal connections of permanence; and the nurturing of development and well-being. It's both our tool and our product when we intervene in a family's life. It is a messy, human process, but a process. In repairing or creating that vessel we begin by looking at how well it is holding the process. We begin with an assessment. Who is within range of this family and how available are they for partnerships of any kind? How well can the family members, or individual youth, identify the positive network of connections? It's got to be a positive process that looks for strengths, minimizes risks and reframes misdirected energies.

DISCUSSION: Who is in the circle that surrounds this family/youth and is available to them? Is there someone, anyone who might step forward and add their strength to this youth/family right from the start? When placement is an issue, we get so focused on "who will take these kids" that we overlook or reject resources and connections that may be vital to that very process. Someone who cannot house the children or youth, may know someone who can. We get fixed on the "first live one". Yet the folks who have something to offer, may have stepped back from the youth or family because "officials" have stepped in. When we begin this assessment with a family, looking for those who can contribute to the vessel of shared parenting, we are looking for involvement not full responsibility; sharing some responsibility even just a little.

How able is the family to identify the resources of their own network? Does the family even know or are they blinded by addiction, illness or other things? Are they strained by the distance of relocation or loneliness of emotional isolation? Do they know and are they willing to say? Dare they tell the very people who have come crashing into their lives? Sometimes young people and adults are so focused on escaping from the present predicament and so untrusting of us and other professional helpers that they can't say. Some misperceive who and what is available. Sometimes awareness is blocked by fear, anger, hurt and experience. Assessing a family for shared parenting means figuring this out.

Assessing the elements of a family's shared parenting vessel has to include reframing some behavior that is not getting them what they want, minimizing risk, and maximizing strengths. Anger doesn't relieve the hurt any more than addictions, except in the briefest of moments. Often, those who have distanced themselves from a family or youth have done so for their own protection. How might their former love and concern be nurtured while they themselves are protected? What have others loved about this family or young person? How well have these others been able to see the world from the child(ren)'s point of view? Who has recognized what positives there are despite the overwhelming negatives all around? Who will start to build or mend the vessel of shared parenting? Who will continue? What can they offer?

WHAT DO YOU THINK?

Resource Family and Foster Family: How these types of caregivers defined and use in the Concurrent Planning Model

By Rose Marie Wentz and Leslie Ann Hay

Glossary

Resource Family:

- This is the term used to identify caregivers that have been dually prepared and licensed for both foster or temporary care and adoption.
- These families are prepared to work reunification with birth parents and to provide a permanent adoptive home if reunification fails.

Resource Family:

This is the term used to identify caregivers that have been dually prepared and licensed for both foster or temporary care and adoption. These families are prepared to work reunification with birth parents and to provide a permanent adoptive home if reunification fails.

Talking Points:

Resource Family – Other terms used for this type of caregiving family are: Permanency Planning families, Concurrent Planning Families, Flexible Families. The term Foster/Adopt is NOT exactly the same as a Resource Family (RF). Los Angeles DCFS would prefer that Foster/Adopt NOT be used as a term anymore

The goal of the new DCFS CP policy is for each child who is in care for more than a few months to live with a Resource Family rather than a foster family. A

Resource Family makes a commitment to the child AND the birth family to support reunification efforts. RF are involved in the case planning team decision making process. RF would have contact with the child if the child is reunified with his/her birth parents. RF would support the child to have contact with his/her birth family after an adoption or guardianship. Families who ONLY want to “save” a child from his/her birth family and do not want to have any contact with the birth family would not be appropriate as a RF. There will be NO “adoption only” families in the child welfare system. ALL children should be placed in a RF prior to the time the court decides to Terminate Parental Rights which is the time the system traditionally located and placed a child in an adoptive family. (At this time there are still some adoption only cases occurring in DCFS due to “mission definition by the County Board of Supervisors. So families can be accepted into the system as adoption only. In the best practice model of CP there will be few children available to adopt by the time the child is legally free. DCFS currently has thousands of legally free children who need adoption. Thereby we still need adoptive families.)

The Permanency Resource Division (PRU) is currently beginning to dually license all new families as RF. RF will need ongoing support and training to be able to support the child and family during this time of uncertain permanency outcome. Current foster parents will be given the option to become RF in the future. If a CSW has a current case where the foster family wants to become a RF that family should be referred to the PRU for an adoptive home study as soon as possible.

The CSW and the case planning team should first locate a RF by researching for people who already have an emotional connection with the child. Examples: Extended family, godparents, teachers, neighbors, friends, church members, current foster family where an emotional bond between the child & family exists, etc. The current foster family should be offered the choice to become the child's RF. The CSW is required by policy to ask the caregiver if he/she would be willing

to consider adopting the child if reunification fails. This should occur at least two times. Once before the Jursi/Dispo report is written and the second time when writing the 6 month review report. This should be documented on the CPPPAA form. A child should not remain in a foster home who is not willing to become a RF as that will set up a situation where the child can gain emotional permanency without having legal permanency.

We must consider two types of cases. The first are new cases in the system. If we have done our work correctly it should be rare that a child is NOT placed early in the case in a RF home. Thereby emotional and legal permanency can occur with the same family. And we often will use a family that already has an emotional connection with the child as the RF. The second type of cases are ones already in the system. When a child and foster family have developed an emotional attachment yet the child or family are not willing to complete legal permanency. The CSW and case team should work with the family and child to understand what barriers might be why they are refusing legal permanency. Many of the barriers can be addressed; i.e. finances, need for services, loyalty binds, or fear of commitment. This may take some time and resources to address the barriers. The CSW should actively work on this rather than move the child. The WIC says

If the barriers cannot be addressed the CSW should work with the family and child to ensure a strong emotional permanency. In some cases the emotional permanency may be provided by a non-caregiver. Examples: Older siblings who cannot become a caregiver, teachers, coaches, or church members. The key is to give the child emotional permanency in ALL cases. Moving a child to a new home to gain legal permanency when that would break or destroy an emotional attachment should be considered with great caution.

In other agencies that have been using this model for several years they have found that most RF come from the above group of people. Most RF commit to

only one child or sibling group and do not take new referrals once the child is reunified or adopted.

If the case planning team cannot locate a potential RF among the child's connections than the child is referred, no later than 30 days prior to the first status review hearing (this means the child is referred by the 5th month in care), to the PRU as an "unattached child". The PRU will then match the child to a resource family.

Conundrum:

The profession and law agree that using family members or people with a strong connection with the child, is beneficial to most children. In recent years CA has increased the requirements these families must meet to be licensed or pass the relative home study (called ASFA Homestudy by DCFS). These two things can be in conflict. Example: A low income family where it is normal for the children to sleep in a bed with several siblings and/or sleep in a room where an adult also sleeps. This child's grandmother has a similar sleeping arrangement. It would seem normal to the child to sleep this way. Yet the grandmother's home would not pass the current home study requirements. Additionally, the length of time it takes for these home studies to be completed requires a child to remain in non-related foster care for weeks to months.

If a relative cannot pass the ASFA homestudy the following should occur:

- Do not place a child in the home until the homestudy is approved

- If the child is already in the home

- Help the person make the changes or get the resources to pass the homestudy
 - Ask if there are other family/friends who might be able to care for the child and who could pass the homestudy

- Make sure that visitations occur with the person/family so the child can maintain that connection even if he/she cannot be placed or remain in that home.
- Remember if there is no ASFA homestudy approval, the family will not be eligible for Title IV-E foster care funds.
- In rare cases there can be waivers for some ASFA homestudy requirements so the CSW should review the case with supervision.

See article in Resource section for more details on RF. “Specific Recruitment, Screening, Training and Support for Concurrent Placements.” “Dual Licensure”

Resource Family Duties

Additional activities may include:

- Actively facilitating visits
- Teaching birth parents how to provide safe parenting
- Be an active participant in the case planning team and/or FGDM
- Maintaining family connections after adoption
- Visiting the child or providing the parents support after reunification

Talking Points:

- **These are some examples of activities that RF would be required to do.**
- **This does not mean that foster parents could not do these activities or should not be encouraged to do these activities.**

Glossary

Foster Family :

- A family that is willing and able to care for children on a short term basis in order to provide the child safety.
- Children are returned to their biological family or placed in a Resource family as soon as possible.
- Foster care should not last longer than a few months.

Foster Family homes:

Some families will only provide short term care. Their focus will be similar to what most foster families have traditionally provided. They will provide for the direct care of the child and may have limited involvement with the child's family or with case planning activities.

Talking Points:

- **This is a family that is willing and able to care for children on a short term basis in order to provide the child safety. (Short means days to weeks. Not months and definitively not waiting until it is clear if TPR will occur.)**
- **These families are used for children who will be returned to their biological family within a few weeks or as a placement while the worker identifies the Resource Family who will be the Alternative Permanent Home. This type of care should not last longer than a few months.**
- In the CP model there will still be a need for foster families. These families will primarily be used when a child must be placed in care and a relative cannot be approved the day the child is removed from his/her family home. Children should be placed with a RF as soon as possible in order to meet a child's need for emotional and legal permanency and to have a family that is willing to actively support reunification. Foster

families, by definition, are families that are not willing to meet ALL of the requirements of a RF. No family should be expected to become a RF if they are not able or willing to adopt a child and support reunification.

- The role of the this type family in the CP model is to provide short term care, to help a child transition into the foster care and then transition either back home to the birth family or to the Resource Family. Many of the current duties such as helping to get the child into a new school or transported to his current school, obtaining medical care, reporting on the child's transition to the agency worker and helping with transportation for visits will continue as duties for these families in this model.
- If the child has no extended family member or family with prior emotional connections to the child, that is willing to be a RF, the agency worker should ask the current Foster Family if they would consider being a RF. If the family is interested they should receive the necessary training and support to be an effective permanent RF.

Clerk stamps below when form is filed.

1 Your name(s) (adopting parent(s)):

a. _____
b. _____

Relationship to child: _____

Your address (skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

2 Information about the child:

a. Child's name (after adoption): _____

b. Date of birth: _____ Age: _____

c. Is the child a dependent of Juvenile Court? ☐ No ☐ Yes

If yes, Juvenile Court and Juvenile Case number:

County: _____ Case #: _____

d. If the child has a lawyer, fill out below. If Item 2c is yes, child must have a lawyer (Fam. Code, § 8714.7).

Name of child's lawyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ State Bar #: _____

3 The people below agree with the parent(s) in 1 about contact with the child after adoption. If the agreement is confidential, write "Confidential" instead of the person's name.

If other relatives, attach a sheet of paper. Write "ADOPT-310, Item 3—Other Relatives" at the top.

		Type of Contact (circle all that apply):					
Name		Relationship to Child					
		Telephone Letter Visits Share Info E-mail Other*					
a.							
b.							
c.							
d.							
e.							
f.							
g.							

*Explain type of contact on a sheet of paper. Write "ADOPT-310, Item 3—Other Types of Contact" at the top.

Number of pages attached: _____

Your name(s): _____

Case Number: _____

4 If you have a signed, written agreement about Contact After Adoption, attach a copy.

Number of pages attached: _____

5 The parties have discussed the reasons for the continued contact between the child and the specified relatives in view of the best interest of the child.

Notice

After the judge grants the Adoption Request and approves this agreement, the adoption is still valid.

It can never be canceled or changed even if one of the people signing this agreement:

- Does not follow this agreement *and/or*
- Files ADOPT-315 (to change, end, or enforce this agreement)

When the adopted child turns 18, he or she can undo all or part of this agreement.

6 Everyone involved in this agreement must sign below (including the child, if 12 or older, and the child's attorney).

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

If more relatives need to sign, attach a sheet of paper. Write "ADOPT-310, Item 6—Signatures of Other Relatives," at the top.

Number of pages attached: _____

Date: _____



Judge (or Judicial Officer)